



WorkEthic Certification: Student Intent to Participate Form

Instructions: Please read the following statement, complete this form and return to your Designated School Liaison.

I have received, read and understand the standards and requirements for the WorkEthic Certification Program. I fully understand the guidelines for the successful completion all established criteria necessary for awarding of the certificate.

Student Name:

(Please Print) First M.I. Last

School

School Corporation City County

By signing, I verify that I am a junior or senior in high school, and I am eligible to apply for participation in the WorkEthic Certification program.

Signature: _____

Parent Signature: _____

Date: _____

I am willing to complete a survey following completion of the WorkEthic Certification Program.

Student Address City State Zip Code

Phone Number Email Address

Signature Date